

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 1A015861 FILING DATE

APPLICANT(S)

7/18/75

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12						
13			1			
14			1			
15			1			
16			1			
17						
18			1			
19			1			
20			1			
21			1			
22			1			
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24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.			17			
TOTAL CLAIMS			25			

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				